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**RECORD OF COUNSELLING**

(Please PRINT)

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| Employee’s Name: |
| Designation: |
| Place of Employment: |

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| --- |
| **Counselling:** |
| Date of meeting: |
| Matters Discussed: |
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|  |
| **Action required by employee:** |
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| **Action required by manager (if any):** |
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|  |
| **Monitoring arrangements:** |
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| --- | --- |
| Manager’s Name (please PRINT): | |
| Designation: | |
| Signed: | Date: |

**A copy of this record should be given to the employee.**

In accordance with the Data Protection Act 1998, this record should be treated as confidential and kept in a secure place out with the employee’s personal file.

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